PLEASE ISSUE THE FOLLOWING:

Office of Insurance

Agent Licensing Division
PO Box 517, Frankfort, KY 40602-0517
(502) 564-6004/fax (502) 564-6030
KOIAgentLicensingMail@ky.gov
http://doi.ppr.ky.gov/kentucky/
(800) 462-2081 TDD

CERTIFICATION / CLEARANCE LETTER REQUEST

May be requested online at http://doi.ppr.ky.gov/kentucky Click eServices to set up a password-protected account and complete the Certification/Clearance Letter Request Form. Complete the licensee's full name, identification number (the licensee's Social Security Number, Federal Employer Identification Number, or Office of Insurance identification number), and type of letter needed. Please indicate where the processed paperwork should be mailed by providing the correct address on the request. Fees may be paid by credit or debit card online, or make check payable to the "Kentucky State Treasurer" in an amount of \$5.00 for each letter requested. The fee must be included with the request.

(Indicate number of letters needed AND su	bmit \$5.00 per lette	r)	
CERTIFICATION LETTER (Indicates the active license status of a	n individual or busin	ness entity in Ken	ntucky.)
CLEARANCE LETTER (Indicates that the individual or busine the Voluntary Surrender Form if licenses)	•	•	Kentucky). Please attach
Please list the Name of Individual or Busine requested:	ss Entity for which	the Certification/	Clearance letter is being
Full Name of Individual	Social Se	ecurity Number	
OR,	Social Sc	zeurity rumber	
Business Entity	FEIN#		
PLEASE CHECK ONE OF THE FOLLOW	VING: Hold fo	or pick up OR	Mail to the following:
Attn:			
Address:			
City: Sta	.te:		
Zip:			
Signature:			
Date:			